

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045533

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11973

STATE FILE NUMBER

FILED DEC 12 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in 1b 30 yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSPITAL		d. STREET ADDRESS (If outside, give location) 5195 Vernon Avenue	
3. NAME OF DECEASED (Type or print) First Middle Last ANNIE MAE HARGROVE		4. DATE OF DEATH Month Day Year NOVEMBER 30, 1963	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/9/27
9. AGE (last birthday) 36	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEAUTICIAN	11. BIRTHPLACE (City and state or country) LITTLE ROCK, ARK.	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Arlee Jones		13b. MOTHER'S MAIDEN NAME ALLIE McBROOM	
14. NAME OF HUSBAND OR WIFE Andrew Hargrove		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Arlee Jones	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMATOSIS DUE TO (b) GRANULOSA CELL CARCINOMA-OVARY DUE TO (c) 175.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8/22/63 to 11/30/63 and last saw her alive on 11/30/63 Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree, or title) Phillip J. Goldstein M.D.		22b. ADDRESS 216 S. Kingshighway	
22c. DATE SIGNED 12-2-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/5/63	23c. NAME OF CEMETERY OR CREMATORY Washington Park, Cem.	23d. LOCATION (City, town, county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Charles J. Gates		25. DATE RECD. BY LOCAL REG. DEC 4 1963	
26. REGISTRAR'S SIGNATURE Karl Smith M.D.			

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*George A. Seavey*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.